

## County of San Diego

Registration Period:

**DEPARTMENT OF AGRICULTURE, WEIGHTS & MEASURES** 

9325 Hazard Way, Suite 100, San Diego, CA 92123 Phone: 858-694-2778 Fax: 858-467-9278 Website: www.sdcawm.org Expires:

P.O.S. Registration#:

## Point-of-Sale (P.O.S.) Registration Application

□ New □ Renewal □ Change in Ownership/Location □ Revision: □ Add/Delete Device(s) **BUSINESS NAME AND MAILING ADDRESS BUSINESS NAME:** MAILING ADDRESS: MAILINGCITY/STATE/ZIP: OWNER: MAILING PHONE NUMBER: MAILING FAX NUMBER: MAILING EMAIL ADDRESS: Owners - Please check one box. 

Corporation Partnership BUSINESS LOCATION (Do NOT use P.O. Box) STREET ADDRESS: CITY/STATE/ZIP: LOCATION PHONE NUMBER:

- Enter the correct number of POS Stations below:
- > Enter the correct registration fee from the table below:

Number of POS Stations	
Total Amount Due	\$
Payment Due By:	

## **FEE TABLE:**

1 TO 3 P.O.S. STATIONS = \$145.00
4 OR MORE P.O.S. STATIONS = 170.00

- Make check or money order payable to: County of San Diego
- Send payment for total fee with this completed application to:

**County of San Diego** 

**Department of Agriculture, Weights and Measures** 

9325 Hazard Way, Suite 100

San Diego, CA 92123

**Note:** A penalty of 50% of the original fee will be assessed 30 days from the due date and each 30 days thereafter until full payment is received up to a maximum of 200%.

I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT